ENTRY BLANK

☐ Ms.	A ves □ no
Mr. Artist	EDWIN MIEZZKOWSKI
Permanent / Address/	EDWIN MIEZZROWSKI 4689 EUCLID AVE. E. CLEVELI
44112	Street Tel. (216 851 5594
Zip Temporary o Studio Addre	r
otaaro / taaro	Street
Zip	Tel. () Area Code
	rve, which county were you born in?
Collaborator	(If Any)
	entries are not accepted or not sold:
	II pick up at Museum.
Artist wi	should dispose of
Artist wi Museum	should dispose of. should ship to artist C.O.D. at this address:
Artist wi Museum	

This entry blank must be fully made out and signed. Unsigned entry blanks will not be accepted.

Note carefully calendar for delivery and return of objects. It is understood that the Museum will have the right to dispose for its own account any objects not called for by the dates listed.

It is also understood that accepted objects will remain on exhibition until July 17, 1983.

The submission of objects will be construed as acceptance of

DO NOT DETACH

REJECTED

DATE

REJECTED

243(1)